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Vol. XV. No. 3

THE CANADIAN NURSE

AND HOSPITAL REVIEW

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	Page
The Secret Plagues	1617
Food Conservation	1627
School Dental Service in France	1632
Editorial	1635
Victorian Order of Nurses	1637
Canadian Nurses' Association	1639
News from the Medical World	1640
Public Health Nursing Department	1643
The Diet Kitchen	1644
The World's Pulse	1646
The Nurses' Library	1648
Hospitals and Nurses	1650
Award of Military Medal	1655

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A Monthly Journal for the Nursing Profession in Canada

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The Secret Plagues

A SPECIAL APPEAL TO ORGANIZE TO STAMP OUT NEEDLESS BLINDNESS

By GORDON G. COPELAND, B.A., M.B.
Assistant Obstetrical Surgeon, Obstetrician in Charge of the Maternity, Toronto Western Hospital

It gives me much pleasure to have the privilege of speaking to you, the Alumnæ of the Toronto Western Hospital. In considering what I might say to you that would be of interest and value, as well as timely, it seemed to me that a rather informal discussion concerning the venereal disease menace would be profitable, especially in view of the recent excellent articles addressed to the public by Dr. Hastings, in the *Health Bulletin*, and by Dr. Clark, in the *Globe*, on this very subject.

At this very moment, to my mind, syphilis and gonorrhea are greater perils to our civilization than is tuberculosis, because, in the last, we have an aroused public opinion and no moral aspect to cloud the issue and paralyze our efforts.

The venereal diseases are, for the greater part, sexual in origin; and, consequently, since everything connected with sex matters in English-speaking countries and their frank discussion has been tabooed, and all who did strive to better the appalling social conditions were

sneered at, both in public and private, as persons of nasty minds, a handling of the social evil in all its aspects has hitherto been very difficult and required a high courage. But, as civilization has advanced, public opinion has gradually awakened to a realization of the foul, exhausting sore on the body of the nation; and among right-minded people a determination has arisen, and becomes increasingly stronger, to investigate and try to remove this awful drain on the national vitality.

There can be no doubt that, with the modern materialistic state of mind, Christianity and religious restrictions of even a generation ago have now largely ceased to practically influence and restrain the conduct of nations, as was formerly the case. This general tendency, together with the enormous developments in the speed, ease and cheapness of transportation and the consequent intermingling of communities and peoples, has brought us face to face as a whole people with problems which, even so recently as twenty-five years ago, only applied generally to small numbers in large centres and to the rough camps at the edge of civilization; but these sociological problems are now spread over the whole nation. The country districts are now but the outskirts of the cities, so swift has travel become. The world war has removed great barriers formerly preventing the general close mixing of men and women, and also, as a direct result of the war, a reckless spirit has taken hold of many.

Now syphilis and gonorrhea are very old plagues. We have fairly accurate descriptions of acute gonorrhea, in both men and women, given in the Bible, the 15th chapter of Leviticus. The old hygienic laws issued by Moses and Aaron are in many ways not surpassed by present laws, and were much more effective because strictly enforced. Infected individuals were isolated and marked unclean, to be kept away from like a leper. Everything coming in contact with these diseased persons was considered unclean or infected. But to-day, due to hypocrisy, prudery, indifference, etc., moral and social, as well as physical, lepers walk through the land unlabelled. To-day, right here in this beautiful city, Toronto the Good, the city of churches (and hypocrites), a man or woman afflicted with acute gonorrhea, or active syphilis, is free to wander at will, infecting innocent or ignorant persons by sexual intercourse, contamination of bedding, towels, closets, etc. You, ladies, are exposed to it every time you have to use a public lavatory, and run the chance, unless you very carefully guard against it by adequate protective measures, such as using a paper cover, avoiding the use of common towels, drinking cups, etc., of acquiring a venereal disease in an innocent manner, really by misadventure. Perhaps you have a guest sleep at your home, or use your bathroom. This guest may be morally good, but, innocently, may have acquired a loathsome disease, whose effect she feels, but does not know the cause nor or the danger she runs herself or imposes on others whom she may love. Perhaps this sweet and suffering woman has been infected by her husband, who has gone with

prostitutes, 90 per cent. of whom have gonorrhea. Her doctor has probably put her off when she inquired concerning her illness. But the time is rapidly coming when doctors must tell their patients the truth frankly, for this is the only way to obtain the intelligent co-operation of the patient in attaining a cure and protecting others with whom she comes in contact.

The crime of silence and prudery and false modesty must cease; We, as medical men and nurses, as good citizens, must frankly and courageously grapple with this hidden monster of disease which poisons the life-blood of the nation. The children of the rising generation must be told the essential truths about sex matters and the perils of sexual diseases. This can be done in a delicate and unobjectional way, best, by the child's own parents or suitable guardian. When your child asks you where babies come from, explain; tell the story of the flowers—how the male and female part of the plant each contribute half, and how the mother plant protects the little plant till it is ready to start for itself. Then go on to the life story of the birds, and gradually work up in the animal kingdom, telling the truth, but not all of it at one time. Give enough to satisfy the child's curiosity, and have the child retain its confidence in you. Do not think that evading the question is settling it, or that the child's curiosity will be satisfied. If the truth is not learned from you, part truths will be learned from degenerates in the dirtiest manner, and the real confidence of parent and child is lost; so that, when great trials and temptations come in the period of puberty and youth, parents will not be consulted, and ruin, physical and moral, will result to large numbers of the young of our land. Remember that ignorance is no longer innocence in the majority of cases. Many times young girls in trouble have told me, and I believe truthfully, that they did not understand the meaning of sexual intercourse. A year ago a young married woman was referred to me, from the Southern States, with an abdominal tumor. She had been treated by various doctors with belts, etc. She thought she might be pregnant a couple of months. She was eight months, and I delivered her within a week. Two of my patients now, both over thirty-five years of age, are suffering from the effects of gonorrhea, given to them by their husbands. One was only fifteen when she married, and was both ignorant and innocent. How bitterly and unjustly they have suffered for the sins of others! One had her child nearly lose its eyesight from babies' sore eyes, caused from the gonorrheal infection in the mother.

Let me now say a few words about syphilis, for I am sure you all know about the many serious operations performed on women as the result of gonorrhea. Now syphilis is probably as old as gonorrhea, but we have not been able to follow it back so far positively. Certainly from the time of Columbus we can trace it very accurately. His sailors acquired the disease among the women of the West Indies, and brought it back to Europe either for the first time, or, what is more likely, a very virulent type of the disease. It was called the Portugese disease,

the French disease, the pox, etc., each country blaming it on the other. In those days of free wine and loose morals, free intercourse was very common between the sexes, and probably few of our ancestors escaped in all branches of their families. Syphilis probably kills and incapacitates as many as tuberculosis. Until recent years this disease was shrouded in mystery. The profession knew the majority of the ways in which infection occurred, and treated it with some degree of success, though with great uncertainty. But in 1903 we began to have some light, when Metchinkoff and Roux proved that it could be transmitted to our near blood relatives, the monkeys. This opened up the way for experimental work, and in 1905 Shaudinn and Hoffman discovered and proved the infecting organism to be the Spirochæte pallida. Later on the complement-fixation test of the French workers, Bordet and Gengou, was applied by Wassermann to syphilis; and in the Wassermann reaction, as it is generally known, we have one of the most valuable diagnostic tests for syphilis yet discovered. This delicate test is only positive, as a general rule, in persons in whom the disease syphilis has caused the body tissues to react against the syphilitic poison. In addition to this we have an even more positive test, namely, the demonstration under the microscope with indirect or dark field illumination of the actual spirochaetes obtained from a chance or early superficial syphilitic sore. This positive diagnosis can generally be made in the early stages before the Wassermann reaction would show positive. All these discoveries helped the profession very greatly to diagnose the disease. The greatest blessing to mankind in centuries resulted in the monumental labors of Erlich and his co-workers when, at the 606th experiment, they discovered the great drug salvarsan, and, later, neosalvarsan, or 914. These and similar substances have given new hope to a discouraged profession, and new life to many otherwise condemned syphilitics. Yet the early hope that a single dose would cure, *a sterilizans magna,* has failed of realization, and we now find that the cure of syphilis has gone back to the old long cure or treatment; but, with the aid of these newer weapons, the results are infinitely surer and better. So now we must give many injections of mercury and arsenic preparations, such as salvarsan, arsenobenzol, arsphenamine, etc., until repeated tests by the Wassermann and other reactions, such as the Noguchi and Spengler have proven, that the disease is completely cured.

I had the pleasure of doing some work under Karl Spengler, of Davos-Platz, Switzerland, the year before the war, at the time I was in joint temporary charge of one of the large tuberculosis sanatoria there. Now what I am about to tell you is not generally known to the profession as yet. Karl Spengler was the first to show—and his work has been largely confirmed by McDonagh, of London—that the reason that syphilis cannot generally be cured by one dose of arsenobenzol, salvarsan, or like arsenic products, is because the spirochaete, which is easily killed by arsenic and mercury, and a few other drugs, is not in

itself the whole life-cycle of syphilis. There are other stages of the disease which have other forms. Just as we can easily kill a chicken by placing it in a chamber filled with carbon dioxide gas, and if we at the same time place beside the chicken a fertile egg, as soon as the chicken is dead we can take out the egg, and, under proper conditions of incubation, the egg will subsequently hatch out into a chick; so in syphilis there are different forms of life, just as there are in malaria, which are affected in different ways by various poisons, according to the particular stage and form of life-cycle of the organism. Now you know, from your own studies and practice, that sterilization of instruments and dressings, as ordinarily done, will, and does, kill all bacteria, but it does not kill the spores of anthrax or tetanus. So, to get absolute sterility, we usually do three sterilizings, with intervals between them, so that the spores will grow into bacteria, which can be readily killed. So in syphilis there is a resting spore stage which is not affected by mercury or arsenic in any of the strengths possible to give a patient with safety. Now when mercury or arsenic are given to a patient in efficient doses all the spirochaetes are killed, but a few spores are present; and when the poison is gone out of the system, as it does rather quickly, these spores, or ovoids, as Spengler calls them, grow again into the spirochætes, which are the stage of the life-cycle of syphilis, which grows best when favorable conditions are present.

I have had the rare privilege of seeing these little-known forms of syphilis, the resting spore stage, which Spengler grows in pure culture. These spores, or ovoids, when injected into a rabbit, cause its death in four days; nor will salvarsan save the rabbit, as it will when an ordinary syphilitic chancre has been experimentally induced on its body. Before the death of the rabbit innoculated with the spores of syphilis occurs, great numbers of spirochætes have formed; and all the details to prove that the statement that the various forms mentioned above are indeed but different forms of one organism have been proven. I have some very rare and valuable slides, given me by Dr. Spengler, which were used to make the wonderful actual color photomicrographs which I saw at the 1913 International Congress of Medicine in London. It is now possible to demonstrate, from direct blood smears, these various organisms of syphilis at any stage, except the first few days of the primary sore. Of course, the technic is very delicate, but, where positive, is more accurate than the Wassermann reaction itself. At some later occasion I might show you these very interesting slides.

Now there is no end to the subject of venereal disease; but, in the short time still at my disposal, I shall try to bring a few further points of interest before you. Because I am interested greatly in this great national subject, I am tempted to speak longer than the time allotted me, being full of my subject; which reminds me of the story of the minister who announced to his congregation, "Brother Smith will give an address on Wednesday evening on the subject, 'The Devil.' I bespeak for him a large audience, and all come early, as Brother Smith is full of his subject."

Now many of you have heard of the splendid work being done to stamp out syphilis in West Australia, and recently here in Ontario a good start was made, but public opinion was not sufficiently moulded and aroused to back up the proposed legislation. But you should know the real essentials and help hasten the day when we shall have good laws on these important subjects. Briefly, the necessary laws should compel the notification of all venereal diseases by number—that is, the privacy of patient is respected, but compulsory treatment till cured, by the patient's own doctor where able financially, and treatment by the State free to all who cannot afford it; free diagnosis by the State of the condition of the blood; strong punishment for all those who knowingly infect others; a stop put to quacks and quack advertising; improved divorce laws, so that a person innocently and ignorantly infected by the other party, who knew of the disease being present, could obtain speedy, free divorce and adequate compensation. Undoubtedly the age of consent should be raised to at least eighteen. We need a great publicity campaign on this whole matter. When the longed-for peace comes, large numbers of men and women will come to our country, bringing with them uncured diseases, and immoral, or, what results physically often to the same thing, an unmoral nature. We need improved immigration laws. The awful curse of the thousands of babies, born dead or carrying a living death; the disabilities throughout life, due to syphilis, and the great numbers of insane; practically all those with general paralysis of the insane are syphilitics; the sterile marriage, due to gonorrhea; the blasted homes and lives all cry out to Heaven for justice and relief. So we must do our part—and it must be active work, too. But though we must have a firm, unrelenting fight against the forces of disease and crime, we must never forget we are dealing with human beings, who need human kindness to help them upward. We must remember that many prostitutes are not devils, but poor, unfortunate, feeble-minded girls, or girls brought up in an atmosphere of crime, who have never had a chance, or who have been betrayed and then been cast out of society. The feeble-minded and criminals should be isolated permanently under good conditions; the others, when cured, should be given a fresh chance to make good.

In closing, let me say a few words about the particular part in this wide subject which is dearest to my heart, namely, the prevention of blindness in new-born babies, due to preventable causes, particularly gonorrheal ophthalmia neonatorum, for over 80 per cent. of all blindness occuring in the first two weeks of life is due to gonorrhea.

Last June I read a very strong paper in Montreal before the Canadian Medical Association, and I have repeatedly brought up the matter in the Toronto Academy of Medicine. The Illinois Society for the Prevention of Blindness kindly loaned me very striking posters to illustrate my article. On many occasions I have strongly advocated active action to get good laws on this subject.

I have advocated laws to compel physicians, nurses, midwives, and any person in attendance at a labor for profit, to be made to instill or drop into the eyes of every new-born child, immediately after birth, a sufficient quantity of a fresh 25 per cent. solution of argyrol, or fresh 1 per cent. silver nitrate, or other efficient antiseptics as the Public Health Department shall advocate. This will nearly always prevent the development of ophthalmia, provided the eyes are not reinfected. I have it done as a routine in our maternity now, since I have taken charge; I do it to all my private cases also. To people who object that it reflects on their morality, I can truthfully say that, while most ophthalmias at birth are due to gonorrhea, there are a certain number due to non-venereal germs, such as the pneumococcus, streptococcus, staphalococcus, bacillus of Ducray, Kocks-Weeks bacillus and others. Since we cannot tell beforehand that these organisms are not present, and since the treatment is effective for them also, it is my duty to employ known practical and necessary measures to protect the helpless and innocent babies under my care.

I have advocated immediate notification of all cases developing in the first two weeks after birth in which a baby's eyes or eyelids become sore, inflamed, or discharge, and the immediate treatment as above.

I have advocated, as is done in several States to the South of us, a clause being inserted in the birth certificate card asking what measures have been taken to prevent babies' sore eyes, and make failure to sign this prevent the collection, through the courts, of the doctors' or other person's fee. I would also advise, on the parents' side of the card, the words: "Were Government drops put in the baby's eyes to prevent blindness?" This would act as a double check—it would strengthen the hand of the doctor if objections were taken by the parents to the drops being put in; it would warn the careful parent to correct the careless doctor or nurse.

I strongly advocate the State providing, free, an efficient and convenient germicide, so there will be no excuse of value. There should be a publicity campaign about this matter, and severe fines to persons failing to carry out the laws. Where parents fail to provide adequate treatment, and try to prevent it, forceable treatment should be made, and arrest, if necessary. This should apply to so-called Christian Scientists, who frequently fail to provide helpless children with adequate medical attention. Where the child's parents cannot give treatment, the State should do it and charge it up to the community, since, if the child goes blind, the community would have to pay for its keep, anyway, if the parents are poor.

When you consider, ladies, that an expenditure of less than five cents' worth of drugs and five minutes of time will protect the eyesight of 95 per cent. of babies that would otherwise go blind at birth, and would, at one stroke, if universally applied, prevent over 30 per cent. of all cases of blindness from all causes, is not a mighty effort worth while?

You have in your power, ladies, the brains, the hearts and the energy, if I could only arouse it, to start a society for the prevention of blindness, getting necessary help from similar older societies, such as the Illinois. You could form the nucleus right here of a society which would, under favorable circumstances, ultimately expand to embrace every nursing society in Canada, and such an organization would be so powerful as to demand and get effective legislation. Just think what an honor it would be to your Alma Mater to feel that her Alumni had started a movement of national importance. Will you do it? If you start and accomplish this, you will have performed a work of greater national service than years of private individual nursing. I would to God I could move you to make the necessary mighty effort to stamp out preventable blindness in Canada. I appeal not to your vanity, but to your humanity, to save the eyesight of the babies yet to be born.

I might just add that I have written to the Provincial Secretary and the Chief Officer of Health for Ontario, asking that some such legislation as I have here mentioned be enacted; and they have assured me of the deep desire of the Government to give such legislation, and that legislation is now under consideration. Let us support the Government in all progressive legislation.

—Read before the Alumnae Association of the Toronto Western Hospital nurses.

* * * *

N.B.—Since reading this paper, the Ontario Legislature has brought out a law covering Ophthalmia neonatorum, and which is appended herewith.

The following Regulations were approved by the Lieutenant-Governor in Council, on May 21st, 1918, and published in the *Ontario Gazette*:

REGULATIONS FOR THE PREVENTION OF BABIES' SORE EYES

Regulation 1.—Every physician in attendance upon a lying-in-woman shall, immediately following the birth, instil into the eyes of the newly-born child a sufficient quantity (a few drops) of a one per cent. solution of nitrate of silver (supplied free by the Provincial Board of Health) or of a 40 per cent. solution of argyrol.

Regulation 2—If, within two weeks after the birth of a child, one or both eyes shall become reddened, inflamed, swollen or show any discharge, every physician, midwife, nurse or person in charge of a maternity or other hospital where such child is, and every person in charge of a child, shall forthwith report in writing to the Medical Officer of Health, the name, age and address of such child, together with the circumstances of the case.

Regulation 3—The Medical Officer of Health shall, upon receipt of the report referred to in Regulation 2, and, if the child is not under the care of a legally qualified physician, direct the parents, or whoever

has charge of the child, to immediately place it in charge of a legally qualified physician, or, if the parents or persons in charge are unable to pay the cost of such attendance, the Medical Officer of Health shall provide the necessary treatment at the cost and charge of the municipality.

Regulation 4—The Medical Officer of Health shall send a weekly report of all such cases to the Secretary of the Local Board for transmission to the Provincial Board, as required by Section 24 of the Public Health Act.

NOTE—The Laboratories of the Board at Kingston, London, and Toronto, provide free laboratory facilities in all communicable diseases and venereal diseases.

RULES FOR THE PREVENTION OF BABIES' SORE EYES

What to Do Before the Baby Is Born

1. The care of a child's eyes begins before it is born.

2. The mother's parts, through which the child passes at birth, should be washed several times a day with soap and water, for about one week before the baby is born.

3. If a discharge comes from these parts, the mother should at once consult a legally qualified physician, because this discharge, if not stopped, may probably destroy the baby's eyes.

4. The discharge may be caused by gonorrhoea or it may not. In any case it should be given attention, or a blind baby may be the result.

5. If, for any reason, a doctor is not consulted, the mother should not only keep her parts clean, with soap and water, but she should use a fountain syringe to syringe out her parts, several times a day, with warm, boiled, soap and water.

6. The mother should be careful to keep her hands clean and away from her eyes, or she may get some of the poison in her own eyes, and cause blindness.

7. All cloths, etc., used by her in cleaning her parts should be burned, as they may cause infection. It is better to use quantities of cheap cheese cloth and then burn it.

8. If the mother has a discharge coming from her parts, she should keep away from the other people in the family as much as possible, for she may cause the same disease, and possibly blindness in them.

9. If the mother has a discharge, she should try and use a separate water closet or vessel, and keep everything perfectly clean with soap and water cleansings.

10. Unless there are proper conveniences in the home, and the attention of a good doctor, it would be better for babies to be born in hospitals, where everything is convenient and clean, and where the mother may be sure of a good doctor and nurse, and where, if mothers are too poor to pay out money, they can be cared for free.

11. If the mother does not go to a hospital she should always call in a qualified physician.

12. If the mother is poor, she should not forget to call a visiting nurse, if one can be obtained. Nurses know their business, and can tell the mother what to do.

What to Do After the Baby Is Born

1. As soon as the head is born the mouth should be swabbed out with a piece of cheesecloth upon a finger, the face should be washed with clean water, and the lids should be carefully cleaned.

2. After the child is separated from the mother, the face should be again washed, without soap, giving especial attention to the lids.

3. The eyes should now be washed out with a solution of boracic acid. To prepare this, take a pint of clean water that has been boiled and allowed to cool. Then put two teaspoonfuls of boracic acid in the water and stir up with a clean spoon. Then open the baby's eyes and flush them out with a few teaspoonfuls of this solution.

4. The lids should now be opened and two or three drops of a one per cent. solution of nitrate of silver, or of a 40 per cent. solution of argyrol, should be carefully dropped into the eyes. Be sure the medicine gets into the eyes. This should be done always, even in cases where there is no reason to suspect disease. It almost surely prevents dangerous "Baby's Sore Eyes."

5. The drops usually make the eyes a little red for a few hours, but this does no harm. If it is not done, a blind baby may be the result.

6. Mothers should be sure that this is done, even if the doctor does not think it necessary.

7. Mothers should not think that breast milk, or tea leaves, or poultices, or anything else, will serve the purpose. Cleanliness and the nitrate of silver or argyrol solution are the only things that will do.

8. If the baby's eyes get red a few days after birth, the baby should be taken to a physician at once. Or, better still, take the baby to a properly qualified eye specialist at once. Do not wait, thinking it is "just a little cold", and hoping the eyes will get better in a day or two.

9. Do not listen to what the neighbors say. Consult a doctor at once. Delay may mean blindness to the baby.

10. If a newly born baby has "sore eyes," the best place for it is in a good hospital, where it can be properly cared for. Such cases require careful treatment every half hour day and night. If the child is not taken to a hospital, however, two paid nurses, or two visiting nurses, should take care of the baby day and night.

All this could have been prevented if the silver solution had been dropped into the eyes when the baby was born.

11. All cloths, cotton, etc., used around the baby's eyes should be instantly burned. Every one touching or treating the baby should keep perfectly clean. The hands should always be washed immediately after touching the baby. People coming in contact with a baby having "sore eyes" should, if possible, be kept in a separate room, away from the rest of the family.

The proper nitrate of silver solution is supplied free by the Provincial Board of Health. The Board at its laboratories in Kingston, London, and Toronto, makes free diagnosis of gonorrhoea and syphilis.

A friend is he who sets his heart upon us, is happy in us, and delights in us,—does for us what we want, is willing and fully engaged to do all he can for us, on whom we can rely in all cases.

WILLIAM ELLERY CHANNING.

Food Conservation

By Elizabeth L. Cowan

The first year of our participation in the great war has brought about nameless changes in all lines, but in none has it been greater than in the use of food materials.

We have had extremes of wealth and poverty in our country for years, but the poverty has had little effect upon the diet. The comparatively few cases of undernourishment have come from ignorance rather than lack of ability to secure fundamental foods. Our broad acres and fertility of soil have been so prodigal, with those who were willing to work, that extreme extravagance and waste have been developed, and it is said that the majority of hospital cases have resulted from too much food rather than from a lack of it. Through the home economics work in schools and colleges, hospitals and settlements, there has been an effort made to teach the people dietetics for daily life; but, unfortunately, appetite led rather than reason. It was not until the commission for the relief of Belgium told of the sufferings there, which we might alleviate by sharing our store of food, that the food question became of interest—then only to a few; but today the high prices of staple foodstuffs, in addition to the Government regulations, force the question upon the real people, and it is reasonable to hope that through the solution of this world food problem will come a tremendous wave of applied dietetics for all the people that shall mean simple living and high thinking, less cost and greater health for the future generation.

It is strange that, with all the variety of food which we raise on this continent, the great demand falls upon four staples needed overseas —wheat, meat, sugar and fat; and the problem of furnishing these in large quantities for shipment abroad has brought with it the study of nutrition and food values in the substitution of foods not in general usage, the education of women in the preparation and cookery of these foods, as well as the changing of lifetime habits of eating. All of this does not happen in a month or six, or a year; but it is surprising to find that nearly every family tries to do its part, and many succeed wonderfully.

The readjustment of the dietary on this continent may develop some digestive disturbance at first—at least it is already blamed for them; but the complaint comes usually from food slackers, or because the diet does not give physiological satisfaction, and it is probable that the general health of the middle-class civilian population will be greatly improved because of enforced attention to the diet and increased physiological work which leads to a more natural life.

The substitution of other flours for wheat has perhaps been the greatest separate problem in foodstuffs, both from the housekeeper's viewpoint and that of the individual consumer. It is said that on the other continent the economic development, or the increased purchasing power, of a nation might be traced through its choice of breadstuffs.

In the early periods of national development, barley and rye were the standard breads. As prosperity increased, the barley was first replaced by rye, and finally the rye by wheat. We as a nation have been "eating white bread" for so many years that we have forgotten the possibilities for using other flours; hence the term "substitute flours" has developed, a term which is misleading and often misinterpreted.

Wheat bread may claim superiority only in its protein or gluten content, which makes possible a loaf of uniform quality and attractive appearance.

In times of stringency like these we can dispense with appearance and return to rye and barley. It is said that the unit of production of rye, per area and per man labor, is larger in most sections of the world than the production of wheat. This does not always hold true, however; in some sections the two are on an equal basis.

Nutritionally, the cereals in a mixed diet are approximately the same; corn and oats are somewhat richer in fats—oats, wheat and rye in protein. All of them contain practically the same amounts of starch and mineral, and all are rich in the water soluble vitamine or growth stimulant. All are poor in fat soluble vitamine. The use of these cereals, however, is not so easy as would appear. If our civilian population could be educated to the point of eating for food value rather than flavor and appearance of food, they would eat oatmeal and cornmeal mush or porridge, potato or rice, without bread; but the form of yeast bread or toast makes it a convenient food-pusher—it is often held in the left hand and used in this way quite unconsciously, so that even muscle habits must be changed.

It has been long supposed that the manufacture of yeast bread could not be maintained without the use of flour made either from wheat or rye to furnish the elasticity necessary to hold the bubbles of gas developed by the yeast plants. This theory is being disproved in the experimental kitchens of the Department of Agriculture, where very good yeast breads are being produced without a particle of wheat or rye. This information will soon be in print for distribution. Up to date the bakers have been required to use 25 per cent. substitute flours, and excellent products have resulted. The Food Administration has urged the use of bakers' bread everywhere, and it is hoped that eventually the homemade variety will be discontinued. The bakers can make a standard product and they can be under Government control, which is scarcely possible with the individual kitchens, and an enormous amount of duplication of labor would be eliminated.

The wheat flour substitutes give admirable results when used with baking-powder, or sour milk and soda, in the so-called "quick breads." These mixtures were formerly known as muffins, biscuits, scones, etc., and were prepared shortly before the meal and served hot and fresh. In past years there has been a good deal of agitation against the use of hot breads; but study of the situation shows that its menace was not great, except in diet in disease.

It is true that the housekeeper's time needs to be conserved today; and she is learning to bake these same mixtures in loaves, using mixtures of corn flour, corn meal, rolled oats (ground into flour), barley, rice flour, etc., with excellent results.

The Master Bakers' Association is now working on the problems of production and delivery of quick-loaf breads in good condition; and these breads, like those made light with yeast, can be kept several days until they have partially dried out, and can be toasted successfully.

In the Northwest U.S.A. tons of potatoes have been lost this year, partly because of poor facilities for transportation and the extreme weather conditions. In order to save as many of these as possible a national potato campaign was put on and enormous quantities have been consumed, with a consequent reduction in the use of breadstuffs.

The Food Administration wishes to teach the middle classes and those with money to use the perishable foods which are in large quantities in order that the poorer classes, whose diet consists largely of the staple foods and to whom a more restricted diet would be a hardship, may have what they require, and that larger quantities may be sent overseas or stored for future needs. As the summer advances, greater emphasis must be placed upon the preservation of perishable foodstuffs, as well as an increased use of vegetables and fruits in the diet.

Modern methods of cold pack canning have reduced the labor and spoilage and improved the flavor; and we now know that it is possible to can every kind of fruit, vegetable and meat successfully. Here again community canners, under capable directions, should be advocated in order to reduce duplication of effort and to stabilize and standardize results. Statistics in the States say that 60 per cent. of the perishable garden material produced is lost. We shall make an effort this year to reduce this by drying, by home methods, in the sun and oven, and with an apparatus to be used in connection with markets.

Drying surplus fruits and vegetables simplifies the problem of storage and transportation, and is much cheaper than canning. This is probably the explanation of the German food supply. Before 1914 there were 400 municipal drying plants in Germany, and it is estimated that these have increased to 2,000 today. In view of the world food shortage, it behooves each small producer to eliminate waste in every way and to store the surplus product in order that large producers can turn their supply into the channels which lead overseas.

Increasing the use of vegetables in the diet will lead to better nutrition because of their bulk and mineral salts, in addition to the valuable water soluble vitamines present in the leaf vegetables. An increase in vegetable consumption should be accompanied by a decreased consumption of meat, already forced upon the family of small means by its high cost, and the substitution of less expensive protein foods which cannot be shipped overseas.

Various campaigns have been undertaken in the States, through the Food Administration and the home demonstration agents of the Department of Agriculture, to create interest and increase consumption of beans and fish; and recent surveys have shown that thousands of gallons of skim milk, in creameries, have been emptied into the sewer. This has led to a special campaign in the use of cottage cheese. The dairy industry must be stabilized and the by-products used, on the same basis that the meat industry is managed, if dairying is to continue. The nature of the dairy industry, scattered as it is and divided among small producers, makes the problem a greater one than when the industry is centralized; but a campaign for education in which not only the food value and comparative money value are taught, but in which rural housekeepers are taught to make it correctly and use it in place of meat, not in addition to meat; in which the city woman is taught to use cottage cheese in a variety of ways, and the city milk dealers are educated to know the value of the by-products of milk as human food.

The shortage in animal fats raises the question concerning the diet of children. Here the animal fat, particularly butter and soft meat fat, is necessary because of the fat soluble vitamines essential for the promotion of growth. This can be balanced, if the butter substitutes are used, by the addition of a larger amount of milk and of the leaf vegetables which contain the water soluble vitamines. The shortage in animal fat has developed the making of vegetable oils or butter substitutes. This is an adoption of European methods and, with our American prodigality, there had been no preparation for the manufacture of these foods until the war shortage came about. These are composed of cotton-seed oil, made solid with the fat from cocoanut, churned with milk, and salted; they are satisfactory if the diet is balanced in other respects. The diet which is low in fat is rapidly digested, and the fat-free foods therefore do not give the normal satisfaction which follows a meal which is well balanced. The cost of fat is one of the things which reduces its use. Unfortunately, when it is necessary to reduce the cost of living a one-sided diet results, which is usually largely starch. In children the results are more apparent than in older persons, and it is said that children's clinics reveal many cases of starchy children who later develop rickets.

The sugar situation is not serious, since there seems to be an adequate supply for careful consumption. Figures have shown that the American appetite for sugar is far out of proportion to the normal; and a reduction of concentrated sweets, with the substitution of sweet fruits

and syrup, is a splendid change. Every family should be urged to conserve as much fruit as possible, with the least amount of sugar which makes it acceptable to the appetite: and, as a local humorist says, "If you have a sweet tooth, have it extracted."

The simplification of the diet, intelligent study of food values, food preparation, home production and conservation, and market values, in addition to an understanding of the food needs of every individual in the family, is the great asset which will come from solving this problem to-day. It has been suggested that we as a people should cultivate a flexible, mental attitude which would act automatically, upon direction of the Food Administration or food experts, just as a well-disciplined army acts upon the command of its officers, without a question as to the individual application of that order. We, in the States, have so much to learn in all lines of war activities that the presentation of the passing view of the food situation seems an assumption upon the part of the writer; and it was through her love and appreciation of the Canadian spirit and the Canadian people whom she knew in her three years as dietitian at the Royal Victoria Hospital, in Montreal, which has made her wish to be of service in any way possible to the cause.

Read at the C.A.N.G. Convention, Toronto, July, 1918.

ON THINKING GLAD

Never mind a change of scene—
  Try a change of thinking.
What if things seem sordid, mean,
  What's the use of blinking?
Life's not always storm and cloud,
  Somewhere stars are shining.
Try to think your joys out loud,
  Silence all repining.

By degrees, by thinking light,
  Thinking glad and sweetly,
You'll escape the stress of night—
  Worry gone completely.
Get the habit looking for
  Sunbeams pirouetting,
Tapping gaily at your door—
  Surest cure for fretting.

JOHN KENDRICK BANGS.

No man can afford to invest his being in anything lower than faith, hope, love—these three, the greatest of which is love.

HENRY WARD BEECHER.

School Dental Service in Toronto

ROBERT E. MILLS, M.A.
Director, Bureau of Records and Statistics, Department of Public Health, Toronto

School dentistry in Toronto, being a phase of the school health service, is supplied by the Department of Public Health. In general, school health service has three main objects, namely, the discovery and correction of physical defects, the development of knowledge and habits of personal hygiene, and the prevention of communicable diseases. With reference to oral conditions these are the purposes of school dental service. Dental defects are merely physical defects of a particular class, and oral hygiene is merely a branch of personal hygiene. Therefore the same system is employed in recording and notifying dental conditions as is used for any other kind of defect, and the same nurses do the follow-up work from the same files.

However, as dental defects greatly outnumber those of other kinds, and as dentistry is a highly specialized art, a special staff of dental examiners is employed to discover defects of the teeth. The school physicians report serious dental conditions, that they believe to be definitely affecting the general health or development of the children when they make their complete physical examinations, but these examinations occur only twice in a pupil's school life. The dental inspectors examine each child's mouth more frequently, and they have in view the preservation of the teeth, as well as the improvement of general health conditions. The Provincial Regulations require that "Once every year, and at such times as the Medical Officer of Health may direct, the School Dental Officers shall make an examination of the teeth of all pupils attending the schools." This examination is made without asking consent from the parent.

However, in order to make the dental examination more thorough, to afford an object lesson in oral hygiene and an opportunity for personal instruction, and above all, to give each child a fair start in keeping his teeth clean, a rapid prophylactic cleaning is given where necessary, at the time the dental examination is made. Of course, in cases where this or any other treatment is given, the parents' written consent must first be obtained.

Until recently the examinations were made in the classroom, without instruments, other than a wooden tongue depressor. It has been found that the present method of examination, with prophylactic treatment, discovers a much greater percentage of defects than the simple examination without instruments, and, therefore, may be considered proportionately more effective. The percentage of children found with defects of the teeth has risen with the recent change in method, from 51 to 74 per cent. of the number examined.

The registered attendance of the public schools is about 64,000, and that of the separate (parochial) schools about 8,000. This means that about 72,000 dental examinations must be made each school year. To accomplish this task, the Department of Health has set apart, for the public schools, five dentists, and, for the separate schools, part of the time of two.

A female dental assistant accompanies each of these "survey" dentists, whose function is to enable the dentists to concentrate upon strictly dental work. The dental assistant sees that there is always a child in the chair, that there are always sterilized instruments and the proper supplies at the dentist's hand, that his records are kept, and the parents' notification cards are given to the children to take home. The dentist simply makes the examination and prophylaxis, checks off the defects on the notification and initials same. As an assistant costs less than one-third as much as a dentist, the economy is obvious.

About 53,000 pupils are found annually with dental defects. The defects are noted in detail upon a diagram on the card that is sent to the parent, the nature of the defect being shown against the particular tooth affected. As this card is taken by the parent to the family dentist, the examiner has a strong incentive to careful and accurate work. A carbon duplicate of this chart, which is the record of the defects discovered, is handed to the school nurse, who fyles it along with similar carbons of notifications of other kinds of defects, and uses it as a basis for follow-up visiting to obtain action in the case.

Every effort is used to have the parent take the child to a private dentist for treatment but, as some parents are financially unable to avail themselves of private professional service, the Department conducts dental clinics, where treatment is provided for such cases free of cost. These clinics are located in 20 different school centres, with the idea of placing them within walking distance of the schools served.

The work of the dentists in these operative clinics is restricted, as nearly as possible, to actual dentistry. All of the work connected with making appointments and getting the children to the clinics is the responsibility of the nurses, the clinics simply operating upon those children that appear for treatment. In order to increase the work output of the dentists, it is planned to employ assistants wherever possible in these clinics. Because the dentist is comparatively highly priced labor, it is economical for him to do only such work as requires his specialized skill or professional standing, but he should do as much of it as can be squeezed into his three hours a day. Every effort is made to standardize the equipment, supplies, and operations, whether clerical or professional, to obtain the highest possible efficiency.

To minimize the possibility of accident, no anesthetics are supplied to the ordinary school clinics. Such cases as require local or general anesthesia are referred to specially equipped extraction clinics, of which there are two; one for public and the other for separate schools. Of

course, these clinics do routine operative work when not actually engaged upon anesthesia cases.

To protect the dentist, an application card must be signed by the parent and endorsed by the nurse before the dentist commences treatment. He records, upon the back of this application card, the actual work done, and initials each day's entry. In this way the warrant for the work and record of what was done is kept together in the dental clinic in the hands of the dentist, the person for whose protection it is designed.

The number of dentists employed upon operative work in the public schools is eleven, and in the separate schools two. The total school dental staff at present is as follows: public schools, sixteen dentists and four assistants; separate schools, two dentists and two assistants. There is also a Chief of School Dental Service, who is in charge of both groups. In both public and separate schools there is one dentist to about 4,000 pupils.

The dentists and assistant are employed for part time service, working every school day from 9 a. m. to 12:00, and on Friday afternoon from 1:30 to 3:30, the Friday afternoon clinic being for children of pre-school age. The public school extraction clinic operates from 1:00 to 4:00 p. m. each day, as well as in the morning, a different dentist conducting the afternoon clinic.

The dentists are paid from $80 to $95 a month, and the assistants about $6 a week.

UTILIZATION OF WASTE MATERIALS

Britain is finding herself in many ways owing to the war. One source of much revenue, as well as of a requisite in the preparation of explosives, is found in the camp refuse. The *Yorkshire Post*, in describing the results secured under a process for utilizing the camp refuse by the Quartermaster-General's Department, says:

"While the English-made glycerine was $290 per ton, the United States fixed their figure at $1,200 per ton. During the first month the scheme was put into operation, a weekly return to the Army for camp refuse was made of $9,000. In January of this year the weekly amount increased to $47,500, representing approximately $2,500,000 annually returned to the Army for waste rations. The production of glycerine from these waste camp products enabled the Ministry of Munitions to dispense with over 1,000 tons of foreign glycerine at a saving in cost of $900,000." (Foregoing figures on basis of $5.00 equivalent of £1.)

If you would keep your friend, don't lose sight of him too long. Write when you can, remind him of yourself, and you shall not lose the thread of his life.—H. R. Hawels.

Editorial

Now that the practical application of the eight-hour day to our work in the training schools is upon us, one must consider how best to meet the problem of giving continuous and efficient care for the sick, and still plan for the shortened day for the nurses. There can be no argument against the eight-hour day, if it can be arranged to give as good service to the patient as with the longer day, and, at the same time, avoid a large expense to the hospital in a greatly increased staff of pupils. There are too many hospitals that have been carrying even too few nurses for the number of patients; and all must realize that, if longer hours off duty are given, more nurses must be taken in, with the increased cost of housing, laundry, etc. Still, as has been discovered by those who have already done this in their schools, the work is better done, the pupils will naturally apply where the shorter hours prevail, and there should be much better work done in the theoretical part of the training. It is still commonly supposed, in many hospitals, that this change will mean three shifts of eight hours each. This is not only the most expensive course to take, but it is quite unnecessary. The following quotation from an article by Miss Alice Shephard Gilman, in the *American Journal of Nursing,* will illustrate this last remark:

The following schedule is at present in operation in a three hundred-bed hospital:

"Ward ——. No. patients, 28. Head nurse, Miss S——. Nurses (hours on duty), Miss Smith, 7 to 9 and 13:30 to 7, class hours 4 to 5; Miss Clark, 7 to 10, 12:30 to 4 and 5 to 7, class hours 4 to 5; Miss Gray, 7 to 2 and 5:30 to 7, class hours 3 to 4; Miss Green, 7 to 12:30 and 4 to 7; Miss Black, 7 to 10 and 1:30 to 7; Miss Brown, 7 to 3; night nurse, 7 to 7.

"This schedule allows three hours off duty and one-half hour for each meal, which equals an eight-hour day. Once every week every nurse has a free period from 3 to 7, four hours, and on Sunday four hours are given off duty instead of three. . . . The wards, by an adjustment of time, can decrease the hours for night nurses to eight, with practically no difficulty, by having one of the regular nurses come on at 2:30 in the afternoon and remaining on till 11 at night, when the regular night nurse would come on from 11 to 7. If class comes in the afternoon for this nurse, she could come on an hour earlier. . . . The question of suppers will be brought forward at this point; but, by serving the midnight meal at 10:30, it is possible to have a well-cooked, hot supper served in the dining-room before the nurses go on duty,

in place of the mediæval basket lunch. This provides for those going off duty without discommoding the wards or the nursing service at the increased cost of maintaining a night cook."

The greatest difficulty will not be felt in the large hospitals, but in the small ones with a very small staff, and, doubtless, will cause much work to plan these hours; but it is in just these small hospitals where the nurses need this arrangement of shorter hours even more than in the large, well-equipped and staffed hospitals.

The editor will be glad to publish letters from those wanting light on their particular difficulties along this line, and also from those who have solved them to the satisfaction of all.

GIRL AMBULANCE DRIVERS

There are about 300 girl ambulance drivers in the Red Cross service in France. The only other women ambulance drivers in France belong to the First Aid Nursing Yeomanry Corps. There is a friendly rivalry among the Red Cross girls in the matter of keeping their "bus" spick and span. Whenever a trainload of wounded arrives the Red Cross girls must be on hand, and this means constant duty, day and night. Exceptionally good driving is a characteristic of each girl, and before undertaking this dangerous and arduous work a girl is required to pass a severe test at Devonshire House. Among other things she must know how to attain speed without jolting the wounded, as a bit of rough driving might prove fatal to the poor lad. Tenderness linked with courage of the finest and highest kind is always found in the girl ambulance driver. Ten shillings a week, with expenses, is the pay. Those who have time to think of uniforms consider that of the ambulance girl the smartest and most becoming of any war uniform for women—provided it is well cut and made.

A FEW SENSIBLE HEALTH LAWS

To eat well—neither too much nor too little; to govern our nerves and maintain a steady faith in God.

To play often, to laugh, to think of others and little of one's self.

To spend part of every day in the open air.

To be hopeful—to love God and man.

To look on the bright side of life—forward, not backward; to have always some congenial work to do, rather too much than too little—some responsibility to carry, and, whatever happens, to be good natured.

Indulge in true recreation, best combined by change of air and thoughts from nursing. Exercise freely, and change one's habits. Plenty of rest and sleep. Avoid tiring walks, excursions and an over-indulgence of picture shows. Never neglect the annual vacation, which means new life to start one on a fresh year of work.

Victorian Order of Nurses

I am wondering how many people realize the tremendous amount of work the women of St. John, N.B., and Halifax, N.S., are quietly doing, month after month, for the comfort and convenience of our returned men and their dependents.

When the ocean liners dock, the work of looking after the women and children begins at once. The babies and young children are taken in charge by some of the voluntary workers. The women are directed to the Immigration Department; then to the "rest rooms," where they may have hot tea, coffee, cocoa or milk, with the very best of ham or bread and butter sandwiches for ten cents, and in many instances free. They write letters or postals, if they wish, as the materials for writing are free. Stamps may be purchased near at hand, and the letters will be mailed by a worker. Telegrams are sent by the hundreds, by individuals, or through the different societies, free, if need be.

The "rest rooms" for women and children are most comfortable, with an abundance of easy chairs, couches and beds. I have seen the beds filled with healthy, rosy, sleeping children, and a few tired mothers; and the mothers are often weary after a stormy ocean voyage, with much sickness amongst children and adults in very confined quarters, not too well ventilated. After an hour or two of complete rest, one feels refreshed, and ready to continue one's journey.

The welcome given to the soldiers' dependents is most cordial, and must give a feeling of real home-coming to the stranger entering a strange land.

As I looked at the young, eager faces of the soldiers' wives—enthusiastic in anticipation of a home in the great Western part of Canada, far from war and its miseries and privations—I prayed the dear Lord to go with them, and abundantly bless them in the new life, full of opportunity, full of sunshine and service, and, no doubt, a sprinkling of sadness and sorrow—sometimes a heartsick longing for the Old Homeland.

"Into each life some rain must fall;
Some days must be dark and dreary."

Life to most of us is what we make it.

I would like just here to say a word in commendation of the Immigration Department. When the question of providing mattresses, pillows and blankets for the colonist trains was brought to their attention, they immediately provided each train with a good supply; and the passengers are most appreciative, and loud in their praise.

The Canadian Red Cross provides graduate nurses for all trains going to the Coast, and shorter distances when there are cases of slight illness, or where there are over one hundred passengers on a train. The nurses carry emergency surgical and medical supplies, infants' food and clothing, and, when necessary, wire ahead to any Red Cross Society to replenish the supplies or to provide hospital accommodation for anyone seriously ill.

The kindness and courtesy of the Canadian Pacific Railway officials and their assistants is one of the very pleasant parts of a long journey. Those in charge of the commissary department, between St. John, N.B., and Montreal, were particularly kind and thoughtful, and we thank them.

We hope this is the beginning of work from port to coast that will commend itself to the railway officials and the public at large—the placing of trained nurses on trains.

Some time you may hear from me again.

Cordially,

Ottawa, Ont. CHRISTINA HALL.

* * * *

A Post Graduate Course of four months in District and Public Health Nursing for graduate nurses is given at the training centres of the Order, namely: Ottawa, Montreal, Halifax, Toronto and Vancouver.

Salaries during the course and good openings after successful termination.

For full information, apply to the Chief Superintendent, Room 4, Holbrook Chambers, 104 Sparks Street, Ottawa, Ont.

THE NECESSITY OF SLEEP

The question of how much sleep is necessary for the health of human beings has for long been of interest to scientists. In order to test the effects of wakefulness on the system, a number of scientific men some time ago agreed to be forcibly kept awake for ninety hours, and to be watched by colleagues throughout that period. At intervals of six hours various tests were applied to the experiments to determine the condition of their memory, vision, motor capabilities, and so on.

Only three "victims" were able to endure to the end; but, curiously enough, it was discovered that all three maintained a steady increase in weight during their time of trial, although after they went to sleep at the end of the experiment their weight decreased very perceptibly. Those who have ever suffered from insomnia will thoroughly appreciate the courage of these investigators who wilfully abstained from "Nature's sweet restorer" for nearly four days and nights!

The Canadian Nurses' Association and Register for Graduate Nurses, Montreal

President—Miss Phillips, 750 St. Urbain Street.
First Vice-President—Miss Fairley, Alexandra Hospital, Montreal.
Second Vice-President—Miss Dunlop, 209 Stanley Street.
Secretary-Treasurer—Miss S. Wilson, 638-a Dorchester St., West.
Registrar—Mrs. Burch, 175 Mansfield Street.
Reading Room—The Club Room, 638a Dorchester Street West.

* * * *

The February meeting of the C.N.A. was held in the club room on Tuesday evening, the 4th inst. Dr. Ship gave an interesting lecture on "Diet in Health and Disease."

On Saturday evening, February 8th, a small dance was given in the club room by a few of our military nurses to some of their sisters who were going on transport duty.

We regret very much the loss of one of our members, Miss Watts, who died of influenza at her home in Moose Creek, Ont., on January 7th.

Pennsylvania has its first nurse whose whole time is to be devoted to the prevention of blindness. She is Miss Minnie E. Pfordt, a woman of long experience in general and specialized work, and her appointment to the position of special eye nurse by the Pennsylvania Association for the Blind in the month of October marked a new era in the conservation of vision in Pennsylvania. The work in the western part of Pennsylvania is now well under way. The Pittsburgh health authorities and school board at the very outset gave their heartiest indorsement to the movement and showed their willingness to co-operate. Leading oculists have taken special interest in the movement, and within the first week some tangible results had been accomplished that promise well for the practical success of the prevention of blindness work about Pittsburg. Some men prominent in welfare work in Western Pennsylvania are watching the experiments with interest, and it is possible that Miss Pfordt's appointment may be the forerunner of others, to be financed by private means.—National Committee for the Prevention of Blindness.

News from The Medical World

By Elizabeth Robinson Scovil

Humidity Indoors

A writer in a Minnesota medical journal says if he were to put a heating system into a small house in the present state of development he would choose a hot air furnace. It should have no outside air flue but a cold return flue from every room to the base of the furnace. He would expect this system to secure circulation, now considered a very important hygienic factor. He would have double windows, as even with those there would be ample oxygen for an ordinary family. Moisture would be supplied by a sufficient number of broad, shallow pans just above the fire pot: the water level being automatically maintained by connection with the city water system. The relative humidity should be about 40 per cent. measured by a psychrometer, and the temperature between 65 and 68 degrees.

The Curse of Immobilization

The *British Medical Journal* publishes an article denouncing practice of prolonged immobilization of injured limbs. Nature is the most wonderful surgeon, especially when encouraged. Septic wounds should be thoroughly drained. From the very beginning frequent passive and active movements should be carried out, steadily increasing the range. When begun early pain is the danger signal, showing that harm is being done and the movements should be modified temporarily. Injuries to joints, even though septic, are not a bar to movement; the joints should be moved gently and encouraged, short of pain. Massage and time are helpful, electricity and baths not so useful. Splints should not be used unless absolutely necessary, and then for as short a time as possible. For twelve years the writer has treated all fractures of the scapula, clavicle, humerus, and many of the forearm without splints. Every movement of all joints and muscles is encouraged: first passively, as soon as possible actively. This should be carried out frequently during the day. When the fracture is united all the movements of the joints are perfect, if the damage has not been too great.

Limes and Lemons as Antiscorbutics

The Lancet compares the antiscorbutic value of the juice of fresh limes with that of lemons in preventing, or curing scurvy; and decides that lemon juice is four times as efficacious as lime juice.

Sacharin in Diabetes

It has been found by experiment that, besides its use in sweetening food for diabetics, saccharin increases oxidation, and so should be helpful instead as harmful, as some authorities claim it is. Defective oxidation is one of the factors in this disease.

Septic Wounds

A writer in *The Lancet* says that he has treated extensive septic wounds by the open method without permanent dressings. Some of the wounds were so large and so foul as to make amputation a possibility to be considered. After pockets had been opened to insure free drainage, the wound was packed with gauze and bandaged to assist in checking the oozing of blood. In 48 hours all dressings were removed and the wound syringed with a mild antiseptic. A guard of perforated zinc, bent to cover the wound like a cradle, was placed to protect it, and covered with a sterilized towel. An ordinary cradle was placed over the whole. Any discharge ran on a sterile pad of wool, or sphagnum moss, which did not touch the surface. On an average, twice a day the nurse lifted the guard and swabbed, or syringed, the wound and changed the pad. When the discharge ceased, the wound was dressed in the ordinary way.

Turnip as an Antiscorbutic

Some medical writers advise the addition of an extra antiscorbutic in the food of babies fed on milk that is heated, or has been dried. Of these, vegetable juice is easily obtained and is recommended, either turnip, carrot, or beet—particularly turnip. The juice is obtained by rubbing the freshly-cut surface of the raw vegetable on a kitchen grater, placing the pulp in muslin, and squeezing gently between the fingers. The juice soon deteriorates, even if kept in the refrigerator, and should be freshly made.

Diet and Teeth Formation

It is said that defective formation of the teeth, as well as their susceptibility to decay, and also the growth of the jaw in which they are set, is largely influenced by diet. The recently-discovered element in food, fat soluble A, is an important factor in the calcification of bone, a deficiency in this substance causing rickets. A diet rich in this element, as butter, cod liver oil, etc., promotes the development of sound teeth. The lack of it is one of the causes in the delay in shedding the first teeth, in the slow coming of the permanent teeth, and in the irregularity and overlapping of teeth, especially the incisors.

Sulphate of Magnisium in Burns

The *Journal of Pharmacelogy* mentions the good effect of a concentrated solution of Epsom salts in the treatment of scalds and burns. First and second degree burns are corrected in their development, and third degree burns much benefited. Even in advanced stages its use is advised in combination with antiseptics.

Determination of Sex

From experiments conducted at Johns Hopkins Hospital, it has been concluded that the ovary from which the corpus luteum comes has no influence upon the sex of the child. Babies of either sex result in about equal numbers from the fertilization of an ovum from either ovary. The sex of an unborn child cannot be foretold, nor can either sex be produced at will by any rule known at present.

Aspirin

In a suit brought by the United Drug Company against the German company who had tried to restrict the use of the name Aspirin by registering it as a trademark, the court held that no one can make a monopoly in the name of a thing. The public knows the brand of monoaceticacid-ester of salicylic acid made by the patentees as aspirin, and this is the only name that has significance to the buyer; therefore, it is common property and cannot be retained for exclusive use.

Reclaiming Iodine

In one of the military hospitals of the United States it was observed that, when iodine was applied by means of a gauze sponge for sterilizing the skin, a large proportion remained on the gauze and was thrown away. By means of a simple condensing apparatus, which it is stated can be obtained from any large dealer in chemical glassware, the sponges are treated with the vapor from boiling alcohol, which is then recondensed and the iodine recovered in the form of tincture. Its use is recommended to large hospitals, as iodine is now an expensive drug.

Rural Infant Welfare Work

Dr. Maurice MacDonald Seymour, of Regina, Sask., suggests the adoption of these measures in addition to those already in force: (1) A system of Dominion-wide training, registration, and thorough supervisions of midwives; (2) a general system of rural public health nursing, with particular reference to child welfare and prenatal care; (3) the providing of free treatment for all syphilitics by means of co-operation between government and municipal authorities; (4) a more general provision for government aid for maternity cases.

O friend, never strike sail to a fear. Come into port greatly, or sail with God the seas. Not in vain you live, for every passing eye is cheered and refined by the vision.—Emerson.

A Pleasant Perfume. To secure a pleasant perfume for the room, pour a little spirit of lavender over a few lumps of bicarbonate of soda.

Public Health Nursing Department

Conducted by the Committee on Public Health Nursing of the C. N. A. Under the Convener on Public Health Nursing

New Brunswick

The sub-district boards of health throughout the province of New Brunswick have been organized and the district medical health officers appointed, and are now on duty.

Considerable progress has already been made in the definite organization of the Province under the Public Health Act.

Mrs. Richard Hooper has been appointed a member of the St. John sub-district board of health. This is the first time a woman has been appointed on a board of health in New Brunswick.

An attractive calendar has been issued by the Department of Health and sent to all the physicians of the Province. This calendar contains much useful information concerning the provisions of the new Health Act, such as lists of notifiable diseases, the proper nomenclature of diseases, obstetrical tables, etc.

Provincial Laboratory

The provincial laboratory at St. John is now supplied with anti-pneumococcus serum for the treatment of lobar pneumonia. This serum is used in cases of lobar pneumonia showing type I. pneumococcus, and is given intraveinously in doses of 100 c.c. every eight or twelve hours.

Dr. Abramson, Provincial Bacteriologist, is prepared to determine type of pneumo coccus in order to know if serum can be used.

The use of this serum has reduced mortality seventy-five per cent.

Grape Eggnog

Take one egg and beat until very light, add one-third of a cup of grape-juice and a teaspoonful of sugar; beat again and add slowly a quarter of a cup of milk. Grate a little nutmeg on top if it is liked.

Ginger Punch

Boil together rather less than three-quarters of a cup of sugar, a pint of water and the grated rind of half a lemon; when cool, add one teaspoonful of Jamaica ginger, a quarter of a cup of orange juice and a little lemon juice.

The Diet Kitchen

By Elizabeth Robinson Scovil

Patients who are suffering from neurasthenia, or from the group of symptoms usually known by that name, are sometimes ordered a purin free diet. The physician prescribes the food to be given, but does not always explain why certain articles of food are avoided or permitted. The term purin was given to a certain element, and all substances containing it are termed purin bodies. These substances are present in flesh foods, and are principally waste products on the way to excretion in the body of the animal from which the flesh was obtained.

They have no food value and must be excreted, so are of no benefit to the body. All the bodily functions are under the direct control of the nervous system; when the patient suffers from nervous debility this work is not carried on perfectly, and all unnecessary strain should be avoided. By adopting a purin-free diet the tired nerves are relieved from this added work, which, if performed, would bring no nourishment to the system.

It is difficult to change a patient's habits of eating without causing discomfort, particularly when all meat and even fish is forbidden.

Nuts are a good substitute for meat, containing from five to ten per cent. more protein than meat, and no purin bodies. They are easily digested if thoroughly masticated, and, if eaten as a substitute for meat, will seldom cause indigestion. One reason for the popular belief in their indigestibility is that they are eaten after meat has been partaken of, and are not thoroughly chewed; thus giving the system too much nitrogenous food at once. Walnuts, butternuts, chestnuts, pecan nuts, almonds and hazelnuts can be used, either salted, as a filling for sandwiches, or in a nut loaf, or nut bread.

Nut Loaf

Take two cups of soft stale bread crumbs, one cup of finely-chopped nuts, one teaspoon of salt, half a teaspoon of poultry dressing, a dash of paprika, one egg lightly beaten, two tablespoonsful of butter, half a cup of boiling water. Mix; pack in a deep pan, well greased, and bake in a moderate oven half an hour.

This may be served with a brown gravy, which, it is well to know, can be made without meat. Put a tablespoonful of butter into a frying pan, add a tablespoonful of flour, and stir until the flour is well browned. Add a little cold water and mix perfectly smooth, then enough boiling water to make it the proper consistency; season with pepper and salt.

Baked Chestnuts

Chestnuts are palatable baked. Cover a cupful with boiling water and boil for ten minutes; drain and cover with cold water. Remove the shells with a knife, beginning at the top; the inner skin will come, too. Cover them with three-quarters of a cup of hot water, a dessertspoonful of butter rubbed together with the same amount of flour, add pepper and bake until soft.

Peanut Butter

Peanut butter can be made at home. Take a quart of lightly roasted peanuts; grind them through the food-chopper, using first the coarsest and then the finest knife; add salt to taste, and enough cream, or melted butter, to make a smooth paste. Use for sandwiches, or spread on thin bread cut in narrow strips, or toasted if desired.

An eminent authority has given the following list of purin-free foods:

Cereals—Cream of wheat, puffed rice, wheat flour, wheat bread, corn meal, rice, macaroni, tapioca, hominy.

Vegetables—Beets, celery, onions, parsnips, turnips, carrots, egg plant, sweet corn, sweet potatoes, potatoes, spinach, lettuce, cabbage, cauliflower.

Fruit—Oranges, grapefruit, bananas, peaches, prunes, pears, figs, dates, apples, nuts.

Miscellaneous—Milk, eggs, cheese, butter, olives, olive oil, gelatine.

Foods to be avoided are: Meat, fish, fowl, meat soups, meat broths, beef tea, bouillon, kidneys, liver, sweetbreads, bacon, peas, beans, asparagus, mushrooms, oatmeal, shredded wheat biscuits, triscuit, entire wheat bread, coffee, cocoa, chocolate, ale, beer, porter, stout.

The patient must eat liberally of the food provided, or sufficient nourishment will not be obtained. It is the nurse's part to see that the food is carefully prepared and daintily served. Although the materials are limited, there is room for choice, and care and thoughtfulness will enable her to provide such a variety that the fare will not become monotonous.

Mock turkey, green corn oysters, cheese souffle, macaroni and cheese, and eggs in many ways are suggested as substitutes for meat.

Cream soups, made with the vegetables that are permitted and tomato bisque, offer a variety. Potatoes can be served in many different ways. Salads in various combinations, including cucumber and tomatoes, may be used. Potato, or rice, croquettes; corn, apple, banana, or cauliflower fritters; scallops of potato, tomato, celery, onions or cauliflower; sandwiches, not only of nuts, but of ginger, green peppers, olives and cheese, offer a variety not to be despised.

Corn patties, corn cakes, corn pudding, cheese balls, cheese straws, Welsh rarebit, may all be used. When milk puddings are not liked, apple, date, or peach dumplings, prune or date, whip, and brown betty can be given.

The World's Pulse

Aerial Highways

To keep pace with the enormous strides in aviation, the Canadian Government has sanctioned five aerial highways across the Dominion, decided upon by the Advisory Committee on Aeronautics. In the near future giant airplanes will speed along these routes with the certainty of express trains, and at not much more risk. The two crossing the continent are the All-Red Route, running from St. John's Newfoundland, to Victoria, B.C., following the line of the C.P.R. from Ottawa. The Sunset Airway, starting from the same point as the other, touching Sydney, Halifax, and St. John, N.B., etc., goes via Edmonton to Prince Rupert, B.C. The Hudson Bay Airway will connect Winnipeg with Port Nelson on Hudson Bay. The Peace River Airway will run from Edmonton through the Peace and MacKenzie river valleys to the Klondike gold region of Alaska. The Dawson Airway, starting from Victoria, will go via Prince Rupert to Dawson. Halifax will be a forty hours' flight from Vancouver, Winnipeg fifteen hours from Montreal, and Halifax eight hours, possibly, less than Montreal.

Prince John, a lad of thirteen, the youngest son of King George, has recently died. He had suffered from epilepsy since infancy, and died in consequence of an attack. He was a boy of exuberant spirits, the idol of the servants at Windsor and Sandringham, and a prime favorite with the tenants of the estates. It is said that he was the favorite brother of the Princess Mary.

Marshal Foch estimates that the restoration of Belgium will cost Germany twelve billion dollars, and other damages will amount to four billion dollars. It has been suggested that as the young men of Germany have been liable for a certain term of enforced military service, so now they should be impressed for two years and made to give their labor to repair the damage wrought in Northern France and Belgium. The destruction was wanton, and the labor of the German people should make it good.

Norway intends to help in the restoration of the devastated part of France by planting there a belt of Norwegian forest trees; 250 acres are to be planted annually for five years. A forestry party of about fifty Norwegians is to be sent, fully equipped with trees, tools, tents and stores, so as not to impose the slightest burden on France. The French will be consulted as to the zone of the planting.

The Germans believed their spy system to be the most perfect in the world, and felt certain during the war that they were hood-winking the Allied, and especially the British, authorities. On the contrary, the

British secret service officers maintained effective mastery of their plots, and circumvented them. Lody, the prince of spies, the first of twelve shot in the Tower of London, was a German naval officer. He travelled all over the country from Portsmouth to Scapa Flow, where the German warships were afterwards interned, and nothing of importance escaped his vision. With only one exception, he was unable to transmit his information to Germany. Kuepferle, one of the heads of the German spy organization in America, was equally unfortunate, and hanged himself in Brixton prison.

The subject of the marriage of the Princess Victoria Patricia, Helena Elizabeth, to Commander Ramsey, D.S.O., has excited great interest as a return to the old English custom, when Royalties sought partners amongst their subjects. She was born on St. Patrick's Day, March 17th, 1886, and is said to be one of the most beautiful of the Royal Princesses in Europe. Her grandmother, Queen Victoria, was her godmother.

Prohibition is now part of the basic law of the United States. The action of Nebraska in passing a prohibition law gives the ratification of the three-fourths of the States necessary to make the measure the eighteenth amendment to the Federal constitution. One year from January 16th, last, every saloon, brewery, wine-press and distillery in the land must close. Over 300,000 saloons and wholesale liquor shops will be abolished and their employees forced to seek other work. Most of the remainder of the 48 States will probably adopt the amendment before the time expires.

Only one woman was elected to the British Parliament during the last election, and she cannot take her seat as she is an alien by marriage. She is the Countess Markievitz, the Sinn Feiner, who was condemned to death for her part in the Irish rebellion, and afterwards pardoned. Miss Christabel Pankhurst, though lacking only a few hundred votes, lost her election.

The Princess Charlotte of Luxemburg has succeeded her sister, the Princess Marie, as ruler of the Duchy of Luxemburg. The latter was accused of pro-German sympathies. The Luxemburg Chamber of Deputies hopes thus to defeat a threatened Republican revolution. The Princess Charlotte is engaged to marry Prince Felix of Bourbon de Farina, a brother of the Austrian Empress.

The pearls given by the women of the Empire for the British Red Cross have been sold and realized little short of £100,000, about half a million dollars. A single row of necklace of superb pearls brought £22,000; it had a huge rose diamond as a snap. Lady Wernher bought two small necklaces for nearly a thousand pounds, and gave them back to the auctioneer to be sold again. An oval drop pearl brought £750, and a scarf-pin £240.

The Nurse's Library

Materia Medica and Therapeutics for Nurses. By John Foote, M.D., Assistant Professor of Therapeutics and Materia Medica, Georgetown University School of Medicine; Instructor in Materia Medica and Therapeutics, Providence Hospital Training School for Nurses. Third edition. J. P. Lippincott Co., Philadelphia, Pa. Price, $1.75 net.

This third edition of the well-known *Materia Medica*, in addition to its excellent contents, has added many suggestions, received from the superintendents of training schools, adapting this work to the practical needs of the student nurses. The Latin official names of drugs and preparations, and the official names of all drugs and preparations used in the European Pharmacopeia are also included. Rearrangement of drug classification, addition of new material, amplified sections on the mathematics of solutions and fractional dosage, formulæ of preparations useful in hospitals and private nursing, as well as condensed information about the newer antiseptics used in European surgery, practical disinfection, toxicology and therapeutic action, are some of the good things added to this edition.

Nursing Technique. By Mary C. Wheeler, R.N., Superintendent of Illinois Training School for Nurses. J. B. Lippincott Co., Philadelphia, Pa. Price, $1.50.

This book takes up a great task when the author states that it is an attempt to standardize the fundamentals of nursing technique. This difference in the methods of the practical nursing is one of the troubles of the schools where they employ other than their own graduates, and a book of this kind should help much in uniformity. It will be a most valuable book in the hands of the instructor, who can at a glance condense much of her work and bring her class as near to the desired uniformity as possible.

Medical Vocabulary, English, French, Italian, including Reference Tables of Special Value to Physicians and Nurses, Phrases for Directing First Aid to Injured; Articles on Pronunciation, European Money, Tables, etc. By Joseph Marie. P. Blakiston's, Son & Co., Philadelphia, Pa. Price, 50 cents.

This compact little book contains much information, in the way of medical terms, needed by nurses and Red Cross workers in Europe. Many of the terms cannot be found in the ordinary dictionary.

Food in War-Time. Graham Lusk. Saunders, Philadelphia, Pa. Price, 50 cents.

A compact, interesting and useful book that might well have the attention of home-makers at any time. Conservation will be a crying need for many a month yet, and this book will give much-needed help.

Food Controller's Duty

Speaking recently in Ottawa, Ven. Archdeacon Cody, of Toronto, said that there appeared to be a widespread misunderstanding with regard to the functions of the Food Controller, whose primary duty was not to determine the price of foodstuffs, but to see to it that there was a sufficient supply for export.

"Either the stay-at-homes must save so that the soldiers may get their vital needs, or the soldiers must go short so that the stay-at-homes may fatten. You can not have it both ways and must take your choice," says Lord Northcliffe.

Regulation of the price of Western winter-caught fish has been considered by the Food Controller and a plan prepared. Joint action by the authorities of the United States and Canada is contemplated in order to make it effective.

Three members of the fruit and vegetable committee of the Food Control administration have been in Prince Edward Island studying the potato situation, with a view to facilitating the marketing of the surplus crop.

In Charlottetown, P.E.I., 1,529 homes have pledged themselves by cards to save food. This represents about 90 per cent. of the people of the city.

There are 1,000 employees of the United States Food Administration in the offices of the central organization at Washington. Besides the central staffs, there is a large organization in each of the States under direction of the State Food Administrator.

The Khaki University, which has been carrying on educational work in Canadian camps abroad, has been training English girls in Canadian household ways. Canadian soldiers found their English wives could not cook or wash clothes, and knew nothing of poultry tending and dairy work. The organizer of the University Department of Home Economics said: "In Canada, the conditions of housework are so much better than in England that half the drudgery of the task is gone. We have done our own work so long, we have simplified everything, and our equipment is suited to our needs."

Hospitals and Nurses

QUEBEC

Montreal General Hospital

Miss Eileen A. Daly, Wilson Avenue, has left for Grace Hospital, New Haven, Conn.

Miss Davies has been discharged from military duty, and has joined the staff of the Montreal General Hospital.

Miss Helen McMurrich, attached to the Montreal General Hospital before she sailed for France in 1914 as nursing sister to the French Army, has arrived in New York. Miss McMurrich was decorated with the Croix de Guerre, with star.

The Women's Hospital

The Women's Hospital has arranged for a tag day, on March 29th, to raise funds for a new site and building as a memorial to women war workers. We hope to have the support of all the graduates and other friends of the hospital.

Miss Orr, class 1918, who was doing private nursing in Danville during the influenza, contracted the disease, complicated with pneumonia, from which she is convalescent, and expects to be back on duty shortly.

Nursing Sister Mary S. Rose, No. 4 Canadian General Hospital, Basingstoke, England, recovering from an operation for appendicitis, expects to return to Canada soon.

Cards were received from Nursing Sister Mabel Walker, A.M.C., in France. Miss Walker is a graduate of class 1918.

Miss Elsie Knapp, Kingston, graduate of Women's Hospital, class 1912, has accepted a position as assistant superintendent in the hospital in which she trained. During the last five years Miss Knapp has been doing private nursing in her home town.

Miss Mary I. Millar, Lachute, graduate of Women's Hospital, class 1918, has accepted a position in the Homeopathic Hospital as night supervisor.

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ONTARIO

Hamilton

Miss B. Faustman, graduate of the Hamilton City Hospital, has completed a post-graduate course in hydrotherapy, massage and dietetics at the Battle Creek Sanitarium, Battle Creek, Mich.

Fergus

Nursing Sister Helen E. Hanson, C.A.M.C., who was recently awarded the Military Medal, graduated from the Royal Alexandra Hospital, Fergus, in 1908. She joined No. 7 Canadian General Hospital (Queen's Unit), and went overseas. She was with the unit at Etaples, where the bombing took place, and where she won her decoration by remaining at her post in the operating room while German planes bombed the hospital for two hours, killing a number of patients and their attendants. Miss Hanson was in charge of one of Major W. A. Groves' wards at Etaples in 1917.

Collingwood

Miss M. McCulloch and Miss Gilpin have resigned their positions of superintendent and head nurse at the General and Marine hospitals, to take a well-earned rest. Their places have been filled by Miss Worden, as superintendent (graduate of Brantford Hospital), and Miss Lappart, as head nurse (graduate of Hamilton City Hospital).

Misses Minnie and Jennie McDonald have gone to Toronto to do private nursing there.

Ottawa

The Alumnæ of the Ottawa General Hospital held a card party recently in Daly's tea rooms, and a large sum was realized. Among the prizes given were two five-dollar gold pieces, presented by the medical staff.

Rév. Sister Mary Martha, formerly night supervisor of the O. G. H., who recently went under an operation, has now quite recovered.

Nursing Sister Galbraith, R.R.C., and Nursing Sister Donnelly, R.R.C., are doing home service in the Military Hospital, Cobourg.

Miss Fannie Lyons is acting superintendent in the emergency hospital for influenza patients.

Owen Sound

The Nurses' Alumnæ Association of the Owen Sound General and Marine Hospital held their annual meeting at the hospital on January 24th. The officers elected for the ensuing year are: Honorary president, Miss J. K. McArthur; president, Miss Lynn; first vice-president, Mrs. J. D. Findlay; secretary, Miss H. A. Falls; assistant secretary, Miss M. Sim; treasurer, Miss M. Graham; programme committee, Miss Beaton (convener), Miss McArthur, Mrs. R. Corbett; flower and sick visiting committee, Miss D. Stewart (convener), Miss Evans, Miss McReynolds; correspondent to *Canadian Nurse*, Miss I. Forham; press representative, Mrs. J. D. Findlay.

Recently the nurses and graduates of the G. and M. Hospital had the pleasure of hearing a very interesting and instructive address on

the Victorian Order by Miss Gibb, who has a very charming personality. Following the address, and none the less enjoyable, was an informal chat over a cup of tea served by Miss McArthur, superintendent of the hospital.

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ALBERTA

A meeting of the Council of the Alberta Graduate Nurses' Association was held in Edmonton on February 10th. The following members were present: The president, Miss Winslow, Medicine Hat; registrar and secretary, Miss Rutherford, Calgary; Miss Edy and Sister Duckett, Calgary; Mrs. Manson and Miss McMillan, Edmonton. The principal matter under discussion was the proposed amendment of the Act of Incorporation, which, if carried, will allow nurses registered in other provinces or states, which have like requirements to that of Alberta, to register, on payment of fee, without examination, and to provide for University control instead of that of the Department of Education, as provided in the original Bill.

Miss Rutherford, of Calgary, succeeds Mrs. Armstrong, whose resignation as registrar, owing to ill health, took effect on February 1st.

Miss Christine Smith, superintendent of Public Health Nurses, has accepted the vacancy on the Council left through Mrs. Edwards' resignation.

Miss Eleanor McPhedran, former registrar for Alberta, is convalescing at Rhyl, Wales, after an illness, and expects to return to Canada shortly.

Calgary

A very delightful dinner was given at the Hotel Palliser, Calgary, on Tuesday evening, January 21st, by the principal matron, M. D. No. 13, and nursing sisters of the Calgary Military Hospital, in honor of Nursing Sister Ruth Forester, who is resigning her commission in the C.A.M.C. nursing service.

Nursing Sister Forester is a graduate of Medicine Hat, class 1914, and has been overseas for the past three years, first with the Q. A. I. M. N. S., and then with the C. A. M. C. After her return to Canada for home service she was attached to the Military Hospital, Calgary, where she made many friends.

An added interest to the evening was the fact that Miss M. P. Richardson, principal matron, M. D. No. 13, was celebrating the 19th anniversary of her departure for the South African war.

The guests were: Miss M. P. Richardson, principal matron, M. D. No. 13; Nursing Sisters Miss Forester, Mrs. Bryce Brown, Miss Whale, Miss Livingstone, Miss Hagerman and Miss Patrick.

Edmonton

Nursing Sister Jessie Scott, C.A.M.C., has been appointed matron

of the Strathcona Military Hospital. Miss Scott was among the sisters who received the Royal Red Cross in recognition of her good work overseas.

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BRITISH COLUMBIA

Victoria

An interesting war romance had its culmination on January 15th in a wedding at Christ Church Cathedral, when Miss Ethel Rose Cook, daughter of the Rev. Gilbert and Mrs. Cook, became the bride of William Gordon Cameron, M.M., of Stoughton, Sask. The groom saw considerable service overseas with the 43rd Cameron Highlanders, of Winnipeg, winning the Military Medal. While in hospital, recovering from his wounds, he met the bride, who was a nursing sister. Since her return she has been attached to the staff at Resthaven Military Convalescent Hospital. They will reside in Stoughton, Sask.

Miss Maud McLeod, superintendent of nurses; Miss Irene Clark, demonstrator, and Miss Ponsford, instructress of the Vancouver General staff, have tendered their resignations to the Board.

The regular monthly meeting of the V.G.N.A. was held March 5th. After the usual business, a most interesting address on Christian Science was given by the Rev. A. E. Cook.

Mrs. Hannington, superintendent of the Victorian Order of Nurses, has been visiting the hospitals and stations of the Order in British Columbia.

Orange Syrup

Grate the rinds of three oranges (the juice is not used); add a pound and a half of sugar, one ounce of citric acid and a pint and a half of boiling water. Stir occasionally until quite cool. Bottle after twenty-four hours. Use about two tablespoonsful of syrup in a glass of water.

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Smart Separate Skirts at from..... $7.50 to $15.00

Births

BRIGGER—At the Hamilton City Hospital, Hamilton, Ont., on February 14th, 1919, to Mr. and Mrs. Brigger, a son. Mrs. Brigger was Miss Glass, a graduate of Hamilton City Hospital.

DREW—At Beechridge, Que., to the wife of Mr. James Drew, a son. Mrs. Drew was Miss Bessie Boa, graduate of the Women's Hospital, class 1914.

TURNQUIST—At the Vancouver General Hospital, February, 1919, to the wife of Mr. Turnquist, a son. Mrs. Turnquist was Miss Sadie Milne, V.G.H., Vancouver, B.C.

GERSHAW—On January 4th, 1919, in Medicine Hat, Alberta, to Dr. and Mrs. F. W. Gershaw (Miss H. Robinson, Winnipeg General Hospital, 1907), a daughter.

Marriages

LYNCH-DUNN—At St. Patrick's Church, Ottawa, January 9th, 1919, Katherine Dunn, graduate of the O.G.H. (class 1915), to Thomas Lynch, of Fairmont, Sask.

MCAULEY-SHAW—On May 29th, 1918, American Presbyterian Church, Montreal, Minnie Shaw, graduate of Women's Hospital, class 1913, to Lance-Corporal B. M. McAuley, Vancouver.

DEAN-JACK—On March 26th, 1918, Daisy Jack, graduate of the Women's Hospital, class 1917, to Capt. J. R. Dean, Montreal.

BISAILLON-BRYANT—Paris, April 3rd, 1918, Nursing Sister Carrie Bryant, graduate of Women's Hospital, class 1915, to Sergt. L. P. Bisaillon, both of Montreal.

CURRIE-MASTERMAN—Montreal, June 18th, 1918, Annie I. Masterman, graduate of Women's Hospital, class 1911, to Mr. F. W. Currie, Ottawa.

Deaths

ATKINSON—In Edmonton, November 6th, 1918, of influenza contracted while nursing the epidemic, Annie Atkinson.

GREEN—Nursing Sister Matilda E. Green, graduate of the Medicine Hat General Hospital, Medicine Hat, Alberta, class 1915, at Etaples, France, on October 9th, 1918, of lobar pneumonia following influenza.

STOTHERS—In Medicine Hat, on October 31st, 1918, Annie E. Stothers, graduate of the Medicine Hat General Hospital, class 1917, of influenza.

WATTS—Suddenly, at Moose Creek, Ont., on January 7th, 1919, of influenza, Marguerite, only daughter of Dr. and Mrs. E. J. Watts.

Award of Military Medal

The King has been pleased to approve of the award of the Military Medal to the following nurses for distinguished services in the field, as recorded:

Nursing Sister Helen Elizabeth Hansen, C.A.M.C.—For gallantry during an enemy air raid at Etaples, May 19-20, 1918. She worked devotedly in the operating-room throughout the period of the severe bombardment, which lasted for two hours. Sister Hansen was ready for any duty, and exhibited qualities of coolness and courage.

Nursing Sister Beatrice McNair, C.A.M.C.—For gallantry during an enemy air raid at Etaples, May 19-20, 1918. She carried on her duties throughout the night without interruption; and throughout the period of the severe bombardment, which lasted for two hours, Sister McNair showed great solicitude for the patients in her wards, and was wholly unmindful of her personal safety.

FRENCH FLAG NURSING CORPS

The Croix de Guerre

We have all been rejoicing with the Sisters so long attached to the 36eme Corps d'Armee with Ambulance 16/21. News has come that the whole unit has been decorated with the coveted Croix de Guerre.

The Sisters who have received the "Croix" are:

Miss Agnes Louise Warner (the only American member of the Corps).

Miss Annie Mildred Hanning, who has the "1914 Star."

Miss Helen McMurrich, Supervisor of the 1st Canadian Unit.

Miss Mabel Constance Jones.

The Ceremony

On December 20th, the General of the 36eme Corps d'Armee sent an order to say that he wished to come and decorate the Sisters of the Ambulance 16/21.

On December 21st, the Inspector of the Service de Sante of the 36eme Corps sent an order to have all the orderlies and stretcher-bearers lined up for inspection, previous to the decoration of the Infirmieres Anglaises, and that all was to be in readiness by 2 p.m. that day.

It was not easy to find a suitable spot, as the ambulance is "en repos," in a remote little straggling village; but finally it was decided to fix on a field opposite the Sisters' "mess-room," and there the men were lined up. At 2 p.m. the Inspector arrived and reviewed the men, and at 2:30 the General arrived. The Sisters had been told where to stand. After the review of the men they were called up to stand facing the General, and with them was one of the Aumoniers of the Corps. The General read out the citations and pinned on the Croix de Guerre; after each citation, he told each Sister what pleasure he had in presenting her with the decoration which she had so well earned.

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Regular Monthly Meeting—Third Tuesday, 8 p.m.

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Regular meeting, 1st Friday of every second month, from May to June, 4 p. m.

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Regular monthly meeting second Wednesday, 8 p.m.

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Regular Meeting—First Monday, 4 p. m.

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Programme Convener—Miss Miller, 6 St. Clair Gardens, Toronto.

Regular Meeting—Second Friday every second month.

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Regular Meeting—Fourth Thursday of each alternate month at 3 p.m.

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Sick Visiting Committee—Misses H. Carroll and F. Clarke.

Regular Meeting—First Tuesday, 4 p.m.

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Regular Meeting—Second Wednesday, 8 p.m.

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Social—Miss Starr, 753 Wolseley Avenue.

Sick Visiting—Mrs. Montgomery, 196 Kennedy Street.

Red Cross—Mrs. Hall, 237 Morley Avenue.

Regular Monthly Meeting, second Wednesday at 3 p.m.

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Convener of Social Committe—Miss A. Pike, 423 Twelfth St., Brandon.

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Incorporated April 19, 1916

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Regular Monthly Meeting—Third Wednesday, 3.30 p. m.

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